

**Completely Fill Out Application and Mail or Email to  
Address Listed At Bottom of Application.**

**Scholarship Application Funding Request From Jace Waters Foundation**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced: \_\_\_\_\_

Widowed \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ . Ethnicity: \_\_\_\_\_ . Phone: \_\_\_\_\_

How did you hear about our Program? \_\_\_\_\_

Are You Receiving income benefits? Yes \_\_\_ NO \_\_\_ If Yes do Financial Work Sheet: See Page 2

\_\_\_\_\_  
\_\_\_\_\_

Are you willing (Yes No ) to work a full- time job? And Capable (Yes or No )?

Do you currently have a job? No Yes Where? \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a sponsor? Yes or No Name and Phone #

\_\_\_\_\_

Completed treatment: Yes Date \_\_\_\_\_ (attach copy of certificate of completion)

No Estimated Date OF Completion: \_\_\_\_\_

Do you have pending or current cases in the court system? Yes or No. If Yes Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Currently Living: Streets Shelter Detox Jail/ Prison Friend Family Transitional treatment

Name of Sober Living House you are applying for: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. What led you to Sobriety and how long have you been Sober? \_\_\_\_\_  
\_\_\_\_\_
2. What are the goals for the Future? (short term-next 6 months) \_\_\_\_\_  
\_\_\_\_\_ (long term 1-5 years) \_\_\_\_\_
3. Are You a spiritual person? \_\_\_\_\_ Do you believe in a Higher Power \_\_\_\_\_

1. Attach a brief letter to page 1 of application. Tell us why you feel you deserve help and why have you chosen us? Your goals and plans for staying sober? What have you accomplished so far?
2. Attach a recommendation letter from the sober living house you are applying to. This recommendation must include:
  - a. An explanation of the applicant's previous treatment history.
  - b. What makes this applicant a good candidate for your sober living house
  - c. Letter from your sponsor!
3. Financial Statement:
  - a. Income \_\_\_\_\_
  - b. Bills:
    1. Rent \_\_\_\_\_
    2. Phone \_\_\_\_\_
    3. Car Note \_\_\_\_\_
    4. Insurance \_\_\_\_\_
    5. Food \_\_\_\_\_
    6. Credit Cards \_\_\_\_\_
    7. Additional Debt/Expenses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
    8. Anyone financially dependent on you? \_\_\_\_\_
4. Are you willing to check in and keep us updated on how you are doing?
  - a. Thank you note for grant
  - b. 2<sup>nd</sup> note about your 1<sup>st</sup> goal or milestone achieved ( 3month Mark )
  - c. 3<sup>rd</sup> note about your 2<sup>nd</sup> milestone or goal reached ( 6month)
  - d. 4<sup>th</sup> note about someone you helped or a 3<sup>rd</sup> goal reached.

\*\*\* IF this is the first time this Sober Living House has used our scholarships from our Foundation, the vetting process of this application could take up to 2 weeks

\*\*\*Use this form beginning July 1, 2022. All previous application forms are void.

**Complete Application and Send to-**

Mail: Jace Waters Foundation, 26358 Cabinet Shop Rd., Loxley, AL 36551

Email: [jacewatersfoundation@outlook.com](mailto:jacewatersfoundation@outlook.com)